

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593804

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
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7		/				
8		7				
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11		7				
12		7				
13		7				
14	/					
15		/				
16						
17		3				
18		3				
19		3				
20		3				
21		0				
22		0				
23		0				
24		0				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	83	←	←	←	←	
TOTAL CLAIMS	85					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						